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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)  
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150  
**2010**  
**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: PARTNERS FOR CLEAN STREAMS  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 203  
 City or town, state or country, and ZIP + 4: PERRYSBURG, OH 43552

**D** Employer identification number: 20-3463367  
**E** Telephone number: (419) 874-0727  
**F** Group Exemption Number

**G** Accounting method:  Cash  Accrual Other (specify) \_\_\_\_\_  
**I** Website: WWW.PARTNERSFORCLEANSTREAMS.ORG  
**J** Tax-Exempt status (check only one):  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 92,285**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	92,146
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	139
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)			
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	92,285	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	54,588
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	9,019
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	4,940
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	18,812
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	87,359	
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	4,926
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	115,817
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	120,743

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	105,506	<b>22</b> 121,989
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	23,992	<b>24</b> 1,889
<b>25 Total assets</b> . . . . .	129,498	<b>25</b> 123,878
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	13,681	<b>26</b> 3,135
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	115,817	<b>27</b> 120,743

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?

PARTNERS FOR CLEAN STREAMS STRIVES FOR ABUNDANT OPEN SPACE AND A HIGH QUALITY NATURAL ENVIRONMENT, ADEQUATE FLOOD WATER STORAGE CAPACITIES AND FLOURISHING WILDLIFE, STAKEHOLDERS WHO TAKE LOCAL OWNERSHIP IN THEIR RESOURCES, AND RIVERS, STREAMS AND LAKES THAT ARE CLEAN, CLEAR AND SAFE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here  **28a**

**29**

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . . **32** 74,909

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. [X] Yes [ ] No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (\*\*\*\*\*), Date (2011-08-22), Type or print name and title (KRISTINA PATTERSON EXECUTIVE DIRECTOR)

Paid Preparer's Use Only: Preparer's signature (LESLIE A DEMARCO CPA), Date (2011-10-24), Check if self-employed, Preparer's taxpayer identification number, Firm's name (MOSLEY PFUNDT & GLICK INC), address (6455 WHEATSTONE CT MAUMEE, OH 43537), EIN, Phone no ((419) 861-1120)

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PARTNERS FOR CLEAN STREAMS

Employer identification number

20-3463367

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		386,455	388,716	62,287	92,146	929,604
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3		386,455	388,716	62,287	92,146	929,604
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						570,310
<b>6 Public Support.</b> Subtract line 5 from line 4						359,294

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4		386,455	388,716	62,287	92,146	929,604
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		6,188	10,499	489	139	17,315
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						946,919

**12** Gross receipts from related activities, etc (See instructions ) **12****13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage****14** Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14****15** Public Support Percentage for 2009 Schedule A, Part II, line 14 **15****16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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<b>Facts And Circumstances Test</b>
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**  
PARTNERS FOR CLEAN STREAMS

**Employer identification number**  
20-3463367

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES CONFERENCE, CONVENTION 715 PROGRAM CLEAN YOU STREAMS 3,945 EQUIP RENTAL AND MAINTEN 105 PROGRAM COSTS 644 OPERATIONS 77 BOOKS AND REFERRAL MATER 133 POSTAGE 125 SUPPLIES 3,852 TELEPHONE 3,172 FACILITIES AND EQUIPMENT 2,496 REGISTRATION FEES 100 MEMBERSHIP DUES 160 OTHER EXPENSES 1,967 PRINTING 1,321 TOTAL 18,812

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	GRANTS RECEIVABLE 23,992 1,889 TOTAL 23,992 1,889

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 13,681 3,135

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	PARTNERS FOR CLEAN STREAMS STRIVES FOR ABUNDANT OPEN SPACE AND A HIGH QUALITY NATURAL ENVIRONMENT, ADEQUATE FLOOD WATER STORAGE CAPACITIES AND FLOURISHING WILDLIFE, STAKEHOLDERS WHO TAKE LOCAL OWNERSHIP IN THEIR RESOURCES, AND RIVERS, STREAMS AND LAKES THAT ARE CLEAN, CLEAR AND SAFE

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	REGIONAL PROJECTS TO IMPROVE WATER QUALITY AND SEDIMENT AND WETLANDS IN THE REGION SUCCESSFULLY COMPLETED CLEAN YOUR STREAMS DAY, A STREAMBANK LITTER CLEANUP WITH 650 VOLUNTEERS, REMOVED 18,000 POUNDS OF GARBAGE IN ONE DAY FROM 8 NORTHWEST OHIO STREAMS

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT	FORM 990-EZ, PART III, LINE 29	THREE REGIONAL PROJECTS TO IMPROVE WATER QUALITY AND SEDIMENT AND WETLANDS IN THE REGION 1)HIGHLAND PARK DAM DECOMMISSIONING AND RESTORATION PROJECT, BENEFITING ALL TOLEDO-AREA RESIDENTS, WAS COMPLETED 2)ECOLOGICAL AND HUMAN HEALTH RISK A SSESSMENTS FOR DUCK AND OTTER CREEKS FOR RESEARCHING SEDIMENT CONTA MINATION, BENEFITING OREGON AND EA ST TOLEDO RESIDENTS 3)WETLAND AND RIPARIAN INVENTORY AND RESTORATION PLANS FOR OTTAWA RIVER AND SWAN CREEK, BENEFITING ALL NORTHWEST OHIO RESIDENTS WHO ENJOY WILDLIFE AND GREEN SPACE 4)SUCCESSFULLY COMPLETED CLEAN YOU STREAMS DAY, A STREAMBANK LITTER CLEANUP WITH 650 VOLUNTEERS, REMOVED 18,000 POUNDS OF GARBAGE IN ONE DAY FROM 8 NORTHWEST OHIO STREAMS

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT	FORM 990-EZ, PART III, LINE 30	PARTNERS FOR CLEAN STREAMS IS WORKING COLLABORATIVELY WITH OHIO EPA AND US EPA TO SUPPORT THE PROGRESS TOWARDS RESTORING BENEFICIAL USES AND DELISTING THE MAUMEE AREA OF CONCERN THIS GRANT ALLOWS PCS TO SUSTAIN ONGOING OUTREACH, EDUCATION, AND COMMUNITY ENGAGEMENT ROLES IN PLANNING AND PARTNERSHIP BUILDING, AS WELL AS IDENTIFYING PRIORITY PROJECTS TO SUPPORT RESTORING THE POLLUTED WATERS AND IMPACTED HABITAT THESE PROJECTS INCLUDE CLEAN YOUR STREAMS DAY, GET THE LEAD OUT, STORM DRAIN MARKING AND EDUCATION, WATER QUALITY WORKSHOPS FOR KIDS AND ADULTS, AND OUTREACH AND EDUCATION IN THE COMMUNITY IN 2010, MORE THAN 950 PEOPLE PARTICIPATED DIRECTLY IN THESE PROGRAMS

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	REGIONAL PROJECTS STRIVING FOR ABUNDANT OPEN SPACE AND A HIGH QUALITY NATURAL ENVIRONMENT, ADEQUATE FLOOD WATER STORAGE CAPACITIES AND FLOURISHING WILDLIFE

## TY 2010 Compensation Explanation

**Name:** PARTNERS FOR CLEAN STREAMS

**EIN:** 20-3463367

Person Name	Explanation
PATRICK LAWRENCE PHD	
KRISTINA PATTERSON	
ANTHONY SLOMA	
COLLEEN DOOLEY	
ELLIOT TRAMER	
TIM SCHEPPER	
SCOTT OUSKY	
TERRY SHANKLAND	
ANDREW CURRAN	










# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 20-3463367  
**Name:** PARTNERS FOR CLEAN STREAMS

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p><b>28</b> REGIONAL PROJECTS TO IMPROVE WATER QUALITY AND SEDIMENT AND WETLANDS IN THE REGION SUCCESSFULLY COMPLETED CLEAN YOUR STREAMS DAY, A STREAMBANK LITTER CLEANUP WITH 650 VOLUNTEERS, REMOVED 18,000 POUNDS OF GARBAGE IN ONE DAY FROM 8 NORTHWEST OHIO STREAMS (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	644
<p><b>29</b> THREE REGIONAL PROJECTS TO IMPROVE WATER QUALITY AND SEDIMENT AND WETLANDS IN THE REGION 1)HIGHLAND PARK DAM DECOMMISSIONING AND RESTORATION PROJECT, BENEFITING ALL TOLEDO-AREA RESIDENTS, WAS COMPLETED 2)ECOLOGICAL AND HUMAN HEALTH RISK ASSESSMENTS FOR DUCK AND OTTER CREEKS FOR RESEARCHING SEDIMENT CONTAMINATION, BENEFITING OREGON AND EAST TOLEDO RESIDENTS 3)WETLAND AND RIPARIAN INVENTORY AND RESTORATION PLANS FOR OTTAWA RIVER AND SWAN CREEK, BENEFITING ALL NORTHWEST OHIO RESIDENTS WHO ENJOY WILDLIFE AND GREEN SPACE 4) SUCCESSFULLY COMPLETED CLEAN YOU STREAMS DAY, A STREAMBANK LITTER CLEANUP WITH 650 VOLUNTEERS, REMOVED 18,000 POUNDS OF GARBAGE IN ONE DAY FROM 8 NORTHWEST OHIO STREAMS (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>29a</b>	7,673
<p><b>30</b> PARTNERS FOR CLEAN STREAMS IS WORKING COLLABORATIVELY WITH OHIO EPA AND US EPA TO SUPPORT THE PROGRESS TOWARDS RESTORING BENEFICIAL USES AND DELISTING THE MAUMEE AREA OF CONCERN THIS GRANT ALLOWS PCS TO SUSTAIN ONGOING OUTREACH, EDUCATION, AND COMMUNITY ENGAGEMENT ROLES IN PLANNING AND PARTNERSHIP BUILDING, AS WELL AS IDENTIFYING PRIORITY PROJECTS TO SUPPORT RESTORING THE POLLUTED WATERS AND IMPACTED HABITAT THESE PROJECTS INCLUDE CLEAN YOUR STREAMS DAY, GET THE LEAD OUT, STORM DRAIN MARKING AND EDUCATION, WATER QUALITY WORKSHOPS FOR KIDS AND ADULTS, AND OUTREACH AND EDUCATION IN THE COMMUNITY IN 2010, MORE THAN 950 PEOPLE PARTICIPATED DIRECTLY IN THESE PROGRAMS (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>30a</b>	30,115
<p>REGIONAL PROJECTS STRIVING FOR ABUNDANT OPEN SPACE AND A HIGH QUALITY NATURAL ENVIRONEMENT , ADQUATE FLOOD WATER STORAGE CAPACITIES AND FLOURISHING WILDLIFE (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		36,477

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PATRICK LAWRENCE PHD  PO BOX 203 PERRYSBURG, OH 43552	PRESIDENT 2 00	0		
KRISTINA PATTERSON  PO BOX 203 PERRYSBURG, OH 43552	EXEC DIRECTO 35 00	0		
ANTHONY SLOMA  PO BOX 203 PERRYSBURG, OH 43552	VICE PRESIDE 2 00	0		
COLLEEN DOOLEY  PO BOX 203 PERRYSBURG, OH 43552	TREASURER 2 00	0		
ELLIOT TRAMER  PO BOX 203 PERRYSBURG, OH 43552	BOARD MEMBER 2 00	0		
TIM SCHETTER  PO BOX 203 PERRYSBURG, OH 43552	BOARD MEMBER 2 00	0		
SCOTT OUSKY  PO BOX 203 PERRYSBURG, OH 43552	BOARD MEMBER 2 00	0		
TERRY SHANKLAND  PO BOX 203 PERRYSBURG, OH 43552	BOARD MEMBER 2 00	0		
ANDREW CURRAN  PO BOX 203 PERRYSBURG, OH 43552	BOARD MEMBER 2 00	0		